

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000116645

1. Corporation Name

DOUGLAS A. HARRISON, P.A.

Principal Place of Business

11441 SW 17TH COURT
MIRAMAR FL 33025

Mailing Address

11441 SW 17TH COURT
MIRAMAR FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

80-0022861

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HARRISON, DOUGLAS A	11441 SW 17TH COURT	MIRAMAR FL 33025

8. Name and Address of Current Registered Agent

HARRISON, DOUGLAS A
11441 SW 17TH COURT
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/5/2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/2002

305-357-0297
Daytime Phone #

CR2E040 (8/02)

November 5, 2002

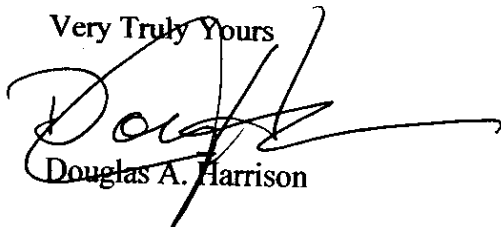
Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I, Douglas A. Harrison, am requesting that the reinstatement fee for Douglas A. Harrison, P.A. be waived as neither the corporation nor I received the two (2) prior uniform business report (UBR) notices. Enclosed please find a check in the amount of \$150.00 which represents the report-filing fee without penalty. Please also find enclosed a check in the amount of \$8.75 for a Certificate of Status.

If I can be of any assistance please contact me at 305-357-0297.

Very Truly Yours



Douglas A. Harrison